DOCUMENT RESUME

ED 162 719 PS 009 963

AUTHOR Eichler, Lois S.; And Others
TITLE Adaptation to Pregnancy, Birth and Early Parenting: A Preliminary View.
PUB DATE Aug 77
NOTE 12p.; Paper presented at the Annual Meeting of the American Psychological Association (85th, San Francisco, California, August 26-30, 1977)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS *Adjustment (to Environment); Adjustment Problems; *Birth; Family (Sociological Unit); *Infants; Neonates; *Parent Attitudes; Perinatal Influences; *Predictor Variables; *Pregnancy; Prenatal Influences; Research

ABSTRACT

The normal course of family adaptation to pregnancy, birth, and early parenting is examined in this study, and variables predictive of difficulties in family adjustment during this period are investigated. Subjects were 89 married couples and 9 women whose husbands did not participate. The women had a mean age of 28 years; 46 were pregnant for the first time and 52 had other children. Data were collected early and late in pregnancy, during the hospital stay and after delivery, and at 2 months postpartum. Measures included semi-structured interviews, projective tests, standardized and "home-made" paper and pencil tests, and observations. Preliminary results revealed several correlations between parental and infant data. Mothers who had been more anxious and depressed during the first trimester of pregnancy had more irritable babies at 3 days postpartum. The less difficulty parents reported in adapting to the pregnancy, the better the baby functioned physiologically and emotionally at 2 months of age. Physiological complications during delivery correlated with poorer infant adjustment at 2 months postpartum. The best predictor of infant adjustment at 2 months was the mother's adaptation to labor and delivery. Women whose babies were rated more irritable at birth felt worse about themselves as mothers at 2 months postpartum. Findings were interpreted as suggesting that the effects of pregnancy have profound implications for the functioning of the family in the postpartum period. (JMB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

PS

- ED162719

Adaptation to Pregnancy, Birth and Early Parenting: A Preliminary View

Presented at the meetings of the
American Psychological Association
San Francisco, August 1977

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Lois S. Eichler
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

PS009963

Lois S. Eichler, Ph.D., Susan A. Winickoff, Ph.D.,
Frances Kaplan Grossman, Ph.D., Margery Kistin Anzalone, Ph.D.,
Miriam H. Gofseyeff, Ph.D.

Adaptation to Pregnancy, Birth, and Early Parenting: A Preliminary View

Lois S. Eichler, Ph.D., Susan A. Winickoff, Ph.D.,
Frances Kaplan Grossman, Ph.D., Margery Kistin Anzalone, Ph.D.,
Miriam H. Gofseyeff, Ph.D.

In the fall of 1973, five clinical psychologists from the Boston area began meeting to design a study of the psychological aspects of pregnancy, birth, and early parenting. Starting from the theoretical position of writers such as Helene Deutsch, Grete Bibring, and Therese Benedek, we viewed pregnancy as one of many normal developmental crises. The upheaval in roles, values, and relationships which the process of becoming a parent entails creates disequilibrium and anxiety. It both precipitates enormous changes and requires change as part of an adequate adaptation. A pregnancy is a real turning point in the lives of individuals and families. It is a transition whose outcome may reflect substantial psychological growth and development on the one hand or a more regressive mode of adaptation on the other.

What I would like to do in the time allotted to me today, is to first describe some of the thinking that went into our study, then tell you about the study itself, and finally to discuss a small portion of our findings.

Initially, we had several major interests. As practicing clinicians, we had a commitment to developing a measure or set of measures that could be easily administered by a nurse in an obstetrician's office

to a woman early in pregnancy, that would predict who would run into difficulty at any of a number of later stages. Another interest was to develop a more adequate description than currently existed of the course and process of a normal pregnancy and early postpartum period in well-functioning families.

In the last few decades, several studies have examined various aspects of the process of pregnancy and birth, such as Benedek (1970); Bibring, et al.,(1961); Grimm and Venet,(1966); Shereshefsky and Yarrow,(1973); and Wenner and Cohen,(1968). Because of the varying methodologies and conceptualizations used in these studies, however, much of the research that has been done is non-cumulative and the results inconclusive. There was broad agreement among these investigators that future research should involve broader samples, more subtle measurement tools, and a greater appreciation of complex interactions. Our study has attempted to address itself to some of these problems.

It seemed to us, from this and other literature, that four important variables are involved in a family's ultimate adaptation to pregnancy, birth, and early parenting. These are: 1) the psychological make-up of each of the parents, 2) the quality and strength of their marital relationship, 3) the socio-cultural milieu in which the pregnancy is undertaken, and 4) the previous physiological, and specifically gynecological, functioning of the woman. These are the four major predictor variables of our study, with one of our interests being a more precise understanding of the relative contributions of each variable, as well as the interactions among them in determining later outcome.

Two of our other interests in this study, and ones which we feel have been somewhat neglected in previous work, are the roles and influence of both the father and of the newborn baby, in the ultimate adaptation of the family as a unit, as well as of each member of the family.

The final sample for the study consisted of 89 predominantly Caucasian, married couples, and nine additional women whose husbands chose not to participate. Subjects came from the private practices of several Boston obstetricians and from the Obstetrical Clinics of two major teaching hospitals in Boston. The women had a mean age of 28 years; 46 were pregnant for the first time and 52 had other children. Their socioeconomic status ranged from Class II to Class V on the Socioeconomic Rating Scale of Coleman and Neugarten (1971). Women were excluded if unmarried, under 19 years of age, if they did not speak English, or if they were beyond the second trimester of pregnancy at the time of the initial medical contact.

Subjects were seen a total of five times over an eighteen month period. At the first contact, which occurred during the first trimester of pregnancy, subjects were seen at home, and interview, projective, and self-report data were gathered. The second contact occurred during the eighth month of pregnancy and again both husband and wife were interviewed at home and several self-report scales were completed. During the hospital stay after delivery, the mothers were interviewed briefly, obstetrical data were gathered from the medical records, and the Brazelton Neonatal Inventory was administered to the infants. At two months postpartum, another home visit took place which included evaluations of the functioning of each family

member separately as well as of the interactions among them. The fifth and final contact occurred at the infant's first birthday and included the same areas of focus as the two month postpartum visit.

The measures include semi-structured interview data, projective tests, standardized and "home-made" paper and pencil tests, and observations. We had at least several measures in each of the major areas - the psychological, marital, socio-cultural, and physiological. In general, we have attempted to collect at least two kinds of data on every important variable, such as interview and paper and pencil test, or projectives and interview. A major goal throughout has been to capture the richness and subtlety of the clinical - or individual - situation within the framework of reliable and believable research methodology.

Now I'd like to turn to a discussion of some of our findings. All of the babies in the study have been born, and have either arrived at or are nearing their first birthday, when the first phase of the study ends. We have talked to and watched our subjects go through an extremely important event in their lives, that of starting the lives of their children. Basically, we have found that the vast majority of people do extremely well in this undertaking. To be sure, they express anxiety, disequilibrium and turmoil at various times during the pre- and postnatal period, especially immediately before and after the birth, but in general, have shown a high ability to cope with and to grow with the process of having a baby.

We have our data through the two month postpartum period partially analyzed and feel that we have some interesting and important findings.

It would of course be impossible to describe all of these findings in the time allotted to me and so I would like to focus on what we feel to be some of the most important, and perhaps, most surprising of our results; that is the complex relationship between the mothers' emotional state during pregnancy, delivery, and the postpartum period, and the psychological as well as physiological well-being of the infants.

During the hospital stay, our examination of the newborn infant consisted of the Brazelton Neonatal Behavior Assessment Scale. This scale consists of 27 items designed to assess newborn responsivity and state characteristics. Three primary factors have been identified from the scale: Irritability, Alertness, and Motor Maturity. Our strongest findings related to the factor of newborn irritability.

Most significantly, we foung a very strong relationship between the mother's emotional state measured early in pregnancy and the infant's irritability at three days postpartum. Mothers who had been more anxious and depressed on our scales during the first trimester of pregnancy had more irritable babies! The correlations for this are of the order of .54, significant at better than the .01 level. In addition, those women whom we had judged from our interview, using the Cox Adaptation Scale, to be more psychologically healthy in an overall sense in the first trimester had babies who were less irritable. In considering these findings, we are not necessarily implying that the mothers' psychological health and anxiety levels during pregnancy were the cause of the infants' irritability levels. But the high correlation is a striking one which raises interesting questions about the extent to which the psychological well-being of a mother affects the

physiological, as well as psychological, well being of her child before birth.

Turning now to infant adaptation at two months postpartum, we again found several factors from the first trimester of pregnancy which correlated highly with infant behaviors and characteristics. We determined infant adaptation on the basis of two separate scores. First was the physiological scale, composed of items about the infants' feeding, sleeping and health. Second was the score of the infant emotional adjustment, an observational rating of what might be called temperament, including such variables as the infant's adjustment to change, his irritability, level of tension, mood, and vulnerability to stressful situations.

In general, we found that the better things were going for the parents during the first trimester of pregnancy, the better the baby functioned at two months of age. Specifically, we found that the more positively both parents had rated their marriage, the better the infant looked physiologically. And, in terms of the infant emotional adjustment score, the babies who seemed less adjusted came from families reporting more life stress during pregnancy, and from mothers with higher levels of premenstrual tension and anxiety, and who had more difficulty adapting to their pregnancy.

Besides the correlations between variables measured during the pregnancy and those of infant adaptation postpartum, we also found relationships between variables during labor and delivery and infant adjustment later on. Physiological complications during delivery correlated with poorer infant adjustment at two months postpartum on the physiological scale as well as on the Bayley Psychomotor

Development Index. This is not an unexpected finding in that babies who had a more difficult time during birth can be expected to need more time to recover from the experience than those babies having an easier birth.

Perhaps more surprising was our finding that the best predictor of infant adjustment at two monts was the mother's adaptation to labor and delivery. We spoke with each woman while she was in the hospital after delivery and evaluated how she had coped with the birth experience, how she felt about her husband's involvement,her feelings about the new baby and how she thought things would go at home, as well as her current mood. Our overall rating of these areas correlated .69 with the infant's physiological functioning at two months postpartum.

This very important relationship between a mother's emotional state during pregnancy and delivery and her baby's functioning post-partum is further evidenced by our findings concerning the relationship between the infant's and the mother's postpartum adaptation. Those women whose babies were rated more irritable at birth felt worse about themselves as mothers at two months postpartum. It seems very possible that these are indeed more difficult babies and that it's harder to meet their needs, so that the mother of an initially irritable baby ends up feeling less competent and less confident about herself as a caretaker.

The questions concerning causality in these interactions between mothers and their babies are of the greatest importance and cannot be answered by our data alone. We will, however, be able to ascertain the longevity of these effects at least through the one year mark.

Our findings suggest strongly that the effects of pregnancy last longer than the nine months of actual gestation. It is possible that this variable of emotional and physiological irritability in newborns continues into childhood to become an enduring personality trait. But regardless of the longevity of these effects in the newborn, our findings show that they have profound implications for the functioning of the entire family in the earliest and so crucial months after birth.

The desirability of preventive intervention and support programs for couples during pregnancy is fairly well established among health professionals. These programs are usually thought of as having as their goal the education and emotional support of prospective parents, in order to alleviate their anxiety and to increase their effectiveness as parents. Our data suggest, however, that such programs, if they are successful, might also have far reaching effects on babies' psychological and physiological constitutions at birth which may, in fact, have an important role in the later personality of the maturing individual.

A SELECTED BIBLIOGRAPHY

Bayley, N. Bayley Scales of Infant Development. New York: The Psychological Corporation, 1969.

Bem, S. The measurement of psychological androgeny. Journal of Consulting and Clinical Psychology, 1974, 42, 155-162.

Benedek, T. The psychobiology of pregnancy. in T. Benedek (Ed.), Parenthood: Its Psychology and Psychopathology. Boston: Little Brown & Co., 1970.

Bibring, G., Dwyer, T., Huntington, D., and Valenstein, A. A study of the psychological processes in pregnancy and the earliest mother-child relationship. The Psychoanalytic Study of the Child. New York: International Universities Press. 1961.

Brazelton, T. Brazelton Neonatal Behavioral Assessment Scale. Clinics in Developmental Medicine, 50. Spastics International Medical Publications, 1973.

Broussard, E. and Hartner, M. Further considerations considering maternal perception of the first born. In J. Hellmuth (Ed.), The Exceptional Infant. New York: Brunner/Mazel, 1971.

Byrne, D. The R-S scale: rationale, reliability, and validity. Journal of Personality, 1961, 29, 334-349.

Carey, W. Measurement of infant temperament in pediatrics. In J. Westman (Ed.), Individual Differences in Children. New York: John Wiley, 1973.

Chess, S., Thomas, A. Rutter, M., and Birch H. Interaction of temperament and environment in the production of behavioral disturbances in children. American Journal of Psychiatry. 1963, 120, 2f.

Coleman, R. and Neugarten, B. Social Status in the City. San Francisco: Jossey Bass, Inc., 1971

Cox, R. Youth into Maturity. New York: Mental Health Materials Center, 1970.

Davids, A., and Devault, S. Maternal anxiety during pregnancy and childbirth anomalies. Psychosomatic Medicine, 1962, 24, 424-470.

Deutsch, H. The Psychology of Women, Vol. II. Motherhood. New York: Grune and Stratton, 1945.

Grimm, E., and Venet, W. The relationship of emotional adjustment and attitudes to the course and outcome of pregnancy. Psychosomatic Medicine, 1966, 28, 34-39.

Grossman, F. Non-logical experience and adaptation in men and women. Unpublished manuscript, 1976.

Holmes, T., and Rahe, R. The social readjustment rating scale. Journal of Psychosomatic Research, 1967, 11, 213-218.

Kimmel, D., and Van der Veen, F. Marital adjustment test. Journal of Marriage and the Family, 1974, 36, 57-63.

Klaus, M., Jerauld, R., Kreger, N., McAlpine, W., Steffa, N., and Kennel, J. Maternal attachment -- importance of the first postpartum days. New England Journal of Medicine, 1972, 286, 460-463.

McDonald, R. The role of emotional factors in obstetric complications: A review. Psychosomatic Medicine, 1968, 30, 222-237.

Pitt, B. "Atypical" depression following childbirth. British Journal of Psychiatry, 1968, 114, 1325-1335.

Price, G. Influencing maternal care through discussions of video tapes of maternal-infant feeding interaction. Unpublished doctoral dissertation, Boston University, 1975.

Shader, R., DiMascio, and Harmatz, J. In press.

Shereshefsky, R. and Yarrow, L. Psychological Aspects of a First Pregnancy and Early Postnatal Adaptation. New York: Raven Press, 1973.

Sherman, J. On the Psychology of Women. Springfield, Ill.: Charles C. Thomas, 1971.

Spielberger, C., Gorsuch, R., and Lushene, R. The State-Trait Anxiety Index. Palo Alto, California: Consulting Psychologists Press, 1968.

Stechler, J. Personal communication.

Wenner, N. and Cohen, M. (Eds.) Emotional Aspects of Pregnancy. Final report of the Washington School of Psychiatry project: clinical study of the emotional challenge of pregnancy, 1968.